

PAGE	1	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>SIERRA CLUB INDEPENDENT ACTION</b>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00483693</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee <b>Beitman, Adam, ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 50 F St, NW, 8th Floor		Amount \$25.03	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : SE.9235</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Salaries & Benefits	Category/ Type 001		
Name of Federal Candidate MASTO, CATHERINE CORTEZ, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought	\$5493.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hayes, Ariel, ,</b>			Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address    50 F St, NW, 8th Floor			Amount \$
City Washington	State DC	Zip Code 20001	<b>Transaction ID : SE.9236</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Salaries & Benefits	Category/ Type	001	MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate MASTO, CATHERINE CORTEZ, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	\$	Disbursement For:	Primary <input checked="" type="checkbox"/> General Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">60.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature